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PTO/SB/21 (09-04)

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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

09/854,039

Filing Date

05/11/2001

First Named Inventor

Blasingame, J., et al.

Art Unit

3626

Examiner Name

Tomaszewski, Michael

Attorney Docket Number

0720.P001A

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Richard D. Clarke		
Signature			
Printed name	Richard D. Clarke		
Date	09/21/2005	Reg. No.	38,846

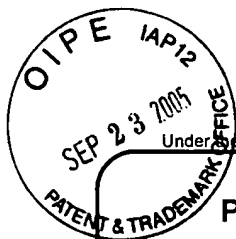
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PTO/SB/81 (04-05)

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INDICATION FORM**

Application Number	09/854,039
Filing Date	05/11/2001
First Named Inventor	Blasingame, J., et al.
Title	NETWORKED MEDICAL ...
Art Unit	3626
Examiner Name	Tomaszewski, Michael
Attorney Docket Number	0720.P001A

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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22890

OR

☐ Practitioner(s) named below:

Name	Registration Number

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Neil Mackenzie	Date	9/16/05
Name	Neil D. Mackenzie	Telephone	(415) 533-6959
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	9/7/05
Name	James P. Blasingame	Telephone	858-775-8919
Title and Company			

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	9/7/05
Name	William C. Mohlenbrock	Telephone	858.354.2415
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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